

**(POLICY RECORD – TYPE 10)**  
Format/Edits

| Field No. | Field Name                  | Begin Pos. | Size | Picture | Field Edits  |
|-----------|-----------------------------|------------|------|---------|--|
| 1         | Record Type                 | 1          | 2    | 9(02)   | Required. Must be 10.  |
| 2*        | Approved Insurance Provider | 3          | 2    | X(02)   | Required. Edit with AIP/Company table.   |
| 3*        | Location State              | 5          | 2    | 9(02)   | Required. Edit with FIPS State table.  |
| 4         | Policy Issuing Company      | 7          | 3    | 9(03)   | Required. Edit with company table. Must be valid Pic code for reinsurance year.  |
| 5*        | Policy Number               | 10         | 7    | 9(07)   | Required. Must be > zeros.   |
| 6*        | Crop Year                   | 17         | 4    | 9(04)   | Required. Must be the crop year of the crops reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for the applicable crop code.                         |
| 7         | Type 10 Key Reserve         | 21         | 55   | X(55)   | Space Reserved for Additional key data required in the future or for other record types.   |
| 8         | Record Number               | 76         | 3    | 9(03)   | Required. Must be > zero. Only one record number "001" is permitted. Record numbers 002-999 are used to report SBI entities.   |
| 9         | Branch Office               | 79         | 2    | X(02)   | Required Reinsured organization branch office for Record 001. Record 002 or greater must be spaces.  |
| 10*       | Id Type                     | 81         | 1    | 9(01)   | Required; must be one of the following:<br>1 = SSN,<br>2 = EIN,<br>5 = BIA Number.<br>(See Exhibit 10-1 for valid combinations)  |
| 11*       | Id Number                   | 82         | 9    | 9(09)   | Required; must be one of the following:<br>1 Social Security Number<br>2 EIN Number (Numeric, > zero)<br>5 A valid Bureau of Indian Affairs No.<br>(See Exhibit 10-1 for valid combinations) |

**(POLICY RECORD – TYPE 10)**  
Format/Edits

| Field No. | Field Name           | Begin Pos. | Size | Picture | Field Edits   |
|-----------|----------------------|------------|------|---------|---|
| 12*       | Entity Type          | 91         | 1    | X(01)   | <p>Required; Must be one of the following:<br/>           I = Individual- Only “L” SBI Records<br/>           C = Corporation<br/>           K = Corporation without SBI<br/>           E = Religious, Charitable, Educational, Associations, Clubs, or Other Tax-Exempt Organizations – No SBI records allowed<br/>           G = Public Entities, State or Local Government – No SBI records allowed<br/>           J = Co-Owner/Joint Operators<br/>           L = Landlord/Tenant – Only used as SBI<br/>           M = Tobacco Marketing Card (One Entity for a group of people operating under one card) <i>Valid for Cat Coverage Only.</i><br/>           N=Enterprise<br/>           P = Partnership<br/>           Q = Partnership with less than 2 SBI’s<br/>           S = Spousal Husband/Wife<br/>           T = Trusts<br/>           D = Estates<br/>           O = Other (Non-US Citizens)<br/>           B = Bureau of Indian Affairs<br/>           U = Undivided Interests <i>Valid for Cat Coverage Only.</i><br/>           (See Exhibit 10-1 for valid combinations)</p> |
| 13        | Producer Last Name   | 92         | 20   | X(20)   | <p>Required if field 18 (Bus. Name) is blank. Left Justify. Use for persons names only Any entry requires a minimum of 2 characters. Only one name per field. Alpha with (-), (.), ( ), (‘), (,).</p>   |
| 14        | Producer First Name  | 112        | 10   | X(10)   | <p>Required if field 13 is not blank. Left Justify. Use for persons names only. Only one name per field. For Entity Type of ‘J’ there can be 2 First Names. Alpha with (-), (.), ( ), (‘), (,).</p>   |
| 15        | Producer Middle Name | 122        | 10   | X(10)   | <p>Optional; Left Justify if reported. Alpha with (-), (.), (‘), (,). Leave blank if not reported.</p>  |
| 16        | Producer Name Suffix | 132        | 5    | X(05)   | <p>Optional; Left Justify if reported. The name suffix of the producer (e.g. SR, JR, II, etc.). Alphabetic except for (-), (.), ( ) (‘) or (,). Otherwise; spaces.</p>  |

**(POLICY RECORD – TYPE 10)****Format/Edits**

| Field No. | Field Name              | Begin Pos. | Size | Picture     | Field Edits   |
|-----------|-------------------------|------------|------|-------------|---|
| 17        | Producer Title          | 137        | 4    | X(04)       | Optional; Left Justify if reported. The title of the producer (e.g. MR, MRS, DR, etc.). Alphabetic except for (-), (.), ( ) or (“). Otherwise; spaces.  |
| 18        | Business Name           | 141        | 35   | X(35)       | Required if field 13 is blank. Left Justify. Use for all Entity Types except individual persons. May contain: alpha, number, (-), (.), ( ), (‘), (&), (.), (%), (*) or (#).   |
| 19        | Address Line 1          | 176        | 35   | X(35)       | Required. Left Justify.   |
| 20        | Address Line 2          | 211        | 35   | X(35)       | Optional. Left Justify. Otherwise; spaces.  |
| 21        | City                    | 246        | 35   | X(35)       | Required; If State code = ZZ enter foreign city and country. Left Justify.  |
| 22        | Address State           | 281        | 2    | X(02)       | Required; Enter Alpha state abbreviation. If a foreign country, enter ZZ.   |
| 23        | Zip Code                | 283        | 5    | 9(05)       | Required if State NE ZZ; Must be a valid US zip code.   |
| 24        | Zip Extension           | 288        | 4    | 9(04)       | Optional. Otherwise; zero fill.   |
| 25        | Phone Number            | 292        | 10   | 9(10)       | Required. If no phone number enter all fives.   |
| 26        | Employee                | 302        | 1    | X(01)       | Required. For Record Number 001 must be:<br>C = Insurance Provider Employee<br>E = RMA Employee/FCIC<br>R = Relative of Insurance Provider Employee<br>A = Agency Owner, Agent or Adjuster<br>N = None of the Above<br>Optional for Records 002-999 or blank. |
| 27        | Ineligible SBI Flag     | 303        | 1    | X(01)       | <i>For SBI records only.</i> Record number must be equal to or greater than 002. Enter Y if SBI Entity is ineligible and share has been reduced. Otherwise, blank.  |
| 28        | Appendix IV Review Flag | 304        | 2    | 9(02)       | Must be zeros.  |
| 29        | Ineligible SBI Share    | 306        | 4    | 9(01)V9(03) | <i>Required: For SBI records only with an Ineligible SBI Flag of Y.</i> Must be > 0% and = 1.000. Record number must be = 002. Must be zeros if not applicable.   |
| 30        | USDA Common Customer ID | 310        | 6    | X(06)       | Reserved.   |
| 31        | Filler                  | 316        | 31   | X(31)       | Must be Spaces.   |
| 32        | SSN Validation Flag     | 347        | 2    | X(02)       | Internal Use. Will be populated during SSN edit.  |
| 33        | Filler                  | 349        | 202  | X(202)      | Must be Spaces.   |

**(POLICY RECORD – TYPE 10)**  
Format/Edits

| Field No. | Field Name                  | Begin Pos. | Size | Picture | Field Edits  |
|-----------|-----------------------------|------------|------|---------|--|
| 34        | FCIC Control Time           | 551        | 4    | 9(04)   | Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.              |
| 35        | FCIC Control Date           | 555        | 8    | 9(08)   | Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.          |
| 36        | Reinsurance Year            | 563        | 4    | 9(04)   | Internal Use. The Reinsurance Year. CCYY format.   |
| 37        | Batch Number                | 567        | 4    | 9(04)   | Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.                        |
| 38        | Transaction Sequence Number | 571        | 8    | 9(08)   | Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted</u> . |
| 39        | Transaction Rejected Flag   | 579        | 1    | X(01)   | Internal. Reserved   |
| 40        | Transaction Source Flag     | 580        | 1    | X(01)   | Internal. Reserved   |
| 41        | Filler                      | 581        | 20   | X(20)   | Internal.  |

**\* Data elements that must be accepted to meet timely reporting of an eligible crop insurance contract.**

Notes:

A 10 record always requires a T-14 record.

Contract number/Policy consists of AIP, Location State, Company, Policy number and Crop year.

If any type 10 record is rejected, then all records for the contract (except the T-09) will be rejected.